

Barrett, Lori J

From: Hegarty, Cullen B
It: Sunday, May 20, 2007 2:52 AM
To: Ankel, Felix K; Dahms, Rachel A; Knopp, Robert K; Morgan, Matthew W
Cc: Barrett, Lori J
Subject: Recruitment idea...

Gang

As we get closer to the next recruitment season for us, I had a thought I wanted to float by everyone to see if this is info we should collect/use for our Regions website/handouts--

Thought is to contact employers of our residents to get some quotes to have regarding their training and performance. We could expand this to include sites such as SPC/MPLS Kids, and selective sites regarding the overall performance and quality of our residents.

As we ask for the quotes we can also ask if they are ok with us using the info in either an anonymous fashion or if they are ok with us using their name/groups name (ex: "We hire residents from many different programs in the midwest and the Regions residents are some of our top hires each year" Bill Blah, head of EM Blah group).

If we think this sounds good, we just need to decide on the best format to collect the information--letter with a return envelope vs email vs survey monkey etc. We can use this info to get some overall feedback on our training, but also use the positives for recruiting.

My idea is to start incorporating more of this type of info into our recruiting strategy--more midwest EM programs popping up each year, we want to really promote what we've got going here.

One other thing we could do under the listing of 'what type of students match at Regions' is to take some of the really strong statements from SLORs and list them on the website and handouts on interview day as well. They can just be used without needing to link them to names--

Thoughts?

Cullen

Barrett, Lori J

From: Felix Ankel [ankel001@umn.edu]
nt: Thursday, June 07, 2007 7:07 AM
Subject: Lori Barrett
Fwd: Interview forms

Begin forwarded message:

> From: "Ankel, Felix K" <Felix.K.Ankel@HealthPartners.Com>
> Date: April 22, 2007 10:40:39 PM CDT
> To: "Hegarty, Cullen B" <Cullen.B.Hegarty@HealthPartners.Com>,
> "Dahms, Rachel A" <Rachel.A.Dahms@HealthPartners.Com>
> Subject: RE: Interview forms

> I really like customize thin g, additionally after seeing Matt
> Morgan's ecuador thing, I would like to have an upodated video.
> Keep the good ideas coming. Felix

> -----Original Message-----

> From: Hegarty, Cullen B
> Sent: Thursday, April 19, 2007 9:02 AM
> To: Ankel, Felix K; Dahms, Rachel A
> Subject: Interview forms

> Felix and Rachel
> One new thought regarding our idea of a pre-interview questionnaire
> for our applicants--

> In addition to their potential area of focus so we can try to match
> them with the right folks on interview day, maybe we can have them
> add some non-medical info so we could point them in the right
> direction for living/housing, activities etc. when they are here
> for their interview. Ex: someone looking for suburban living vs
> city, outdoor activities vs arts in the area.

> I don't want this to be a giant load of additional work, but want
> to make each applicants interview time with us as customized as we
> can...

> Cullen

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Barrett, Lori J

From: Felix Ankel [ankel001@umn.edu]
At: Thursday, June 07, 2007 7:07 AM
To: Lori Barrett
Subject: Fwd: RE:

Begin forwarded message:

> From: "Ankel, Felix K" <Felix.K.Ankel@HealthPartners.Com>
> Date: March 5, 2007 11:46:24 AM CST
> To: "Frascone, Ralph J" <Ralph.J.Frascone@HealthPartners.Com>,
> "Barrett, Lori J" <Lori.J.Barrett@HealthPartners.Com>, "Anderson,
> Patricia K - ER" <Patricia.K.Anderson@HealthPartners.Com>
> Cc: "Rech, Jennifer A" <Jennifer.A.Rech@HealthPartners.Com>,
> "Doggett, Shonette M" <Shonette.M.Doggett@HealthPartners.Com>,
> "Hegarty, Cullen B" <Cullen.B.Hegarty@HealthPartners.Com>
> Subject: RE:
>
> RJ, let me cc this to Lori and Pat. They may be able to give
> insight (e.g. scan it to a pdf and just send it?).
>
> Felix
>
> PS: Cullen and I were talking about the residency and resident
> recruitment for next year. One thing that came up was the concept
> of "colleges" within the residency (e.g. ems, tox, education,
> public policy) e.g. applicants with a certain interest would be
> invited to interview on certain focus days where in the case of ems
> may have part of their interview day meet with ems people and see
> opportunities that could be pursued as a resident. What do you think?
>

> -----Original Message-----

> From: Frasccone, Ralph J
> Sent: Wednesday, February 28, 2007 10:47 AM
> To: Ankel, Felix K
> Cc: Rech, Jennifer A; Doggett, Shonette M
> Subject:

> Felix,
> The new resident teaching evaluation form is starting to come in
> and it looks like it will be helpful. I have one on my desk for
> Owen. I'm not sure I can attach it to the internet based eval, tho
> I haven't tried. It would have to be scanned and pasted. How do
> you want to get it to you?
>

> R.J.
>
>

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Ideas for Regions Hospital EM Residency Recruitment/Interviews:

Post-match day 2005 I had some thoughts go through my mind regarding our recruitment/interview process. My initial question was--we are doing fairly well with our current interview/match process, but if we make changes to the process could we take a good thing and make it even better? Is it unrealistic to get 1/2 of your top 10, or 1/2 of your top 20 etc.? With that in mind, I started taking mental notes on our current process to evaluate areas for potential change/improvement. My hope is that we could use this as a starting point for discussion and decide either: a) our current process works/is known/will continue or b) we may want to pursue this further and get input from the residency leadership and team, our residents, and EM literature on this topic to change our process. Below are my notes on a few key areas in the recruitment/match process based on my current understanding of the process and my ideas for potential change. Sorry if this gets long...

Overall Approach: My current understanding of our recruitment/match philosophy is: student friendly, information rich, and very open book. Although as I type this I generally agree with those ideas in principle, from a recruiting standpoint I have some thoughts on why we may want to change some or many of these ways. Our process with medicine and medical school and the residency match is similar in some ways to other recruitment areas, but very different/unique in others. With that said, the amount of literature on a 'best practice' type way to interview and recruit for residency slots is not that great. My concept would then be to take some of what we do and excel in and combine it with concepts used in other areas of recruiting: jobs, scholarships, etc. With that said, I would argue that a shift in overall recruitment philosophy may be in order, which would affect various areas of our process. My general philosophy would become: we are a great EM residency, with a ~10 year track record of performance—I'd then go with a residency friendly, information focused, and specific student recruitment type model of interviewing and recruitment. Based on this philosophy, the following areas will list some specifics of how this may change what/how we do things... Note: many of these are ideas, not all of them may be realistic or changeable or feasible etc. Also, shifting from student to residency friendly does not mean we become cold, rigid, and difficult.

Interview Dates: Shift from our current model of student friendly 3 days per week to a more residency friendly model with ~2 days per week of

interview dates for potentially a shorter number of weeks of interviews. The idea behind this is that we may lose a few applicants a year with this model due to interview date conflicts/travel problems etc., but we will maintain the serious and interested applicants. Also, from a EMD staff and resident perspective, our total number of interview dates will be greatly reduced which could lead to potential advantages of improved attitude/energy towards the dates, easier scheduling of interviewers, and more customized and/or energy dedicated to the interview day as a recruiting date. Another advantage: if we only do 2 days/week, and one is a Wednesday—that means at least ½ of the applicants get to experience our conferences.

Website/Handouts: Shift from our current focus on providing information and being very open book to: providing key information, highlighting our strengths, ?quotes from key Regions off service docs (Dries/Avi/Bennett/McGonigal etc.), ?quotes from job employers in town re: our residents (North, EPPA etc.), and then providing other details on a ‘as needed basis’. Example: currently we hand out notes from our residency retreat—benefit, open book, shows we have a mechanism for change—drawback, shows a large list of weaknesses, some that are not clear as to what the problem/plan is for them. My thought is, if they ask, we tell them this exists and can provide them with the list if they want it, but that we don’t give it to the masses. We highlight the fact that we are fluid but stable, and have various specific pathways for change. It’s like showing up for a great job and getting a list of why the job is not that great... may make them have more doubt or questions about the program. Couple this with the annual rumor mill about various things (level 1 status, Neurosurgery, etc.), and we may be adding doubt to the process. Also, if we can identify the programs that we most consistently compete with for students, we can even focus some of our website/handout type information to highlight areas in comparison to other programs (not name specific, but could be data specific: ex: inservice scores comp. to all, on-call time/months comp. to others, simulation/teamwork/team leadership training, elective time or ability to change or whatever we want to focus that we do and some others don’t)

Interview Day: With the idea of fewer total numbers of interview dates, some thoughts on what we can do with the interview day.
-Increase energy into planning the day/making it more of a recruiting trip for them and data collection for us (ex: everyone tours the sim center, other key education touring, key people to meet etc.).

- With fewer total dates, would give us more time to prepare for individuals coming for interviews—match them to a key person for an interview/chat (if EMS interested, RJ or Kory, if Tox →Carson etc.), really learn and know their files so that when they meet people that day they feel we are interested in them specifically (ex: give this to residents in some form as well so they can talk to the students on a more personal level)
- Focus on people knowing their names/faces/location (?hand out info earlier for the day and with other key info such as where they rotated etc.)
- May enable us to really set interview days and schedules up ahead of time with less change and more focus on the importance of that day for recruitment
- ?Post day wrap up to discuss files/applicants on an ongoing basis

Resident/Staff Involvement: Get key staff to be heavily involved in the process for consistency and recruitment advantages. Still allow many people to be involved to help with scheduling and energy toward the program and process, but have a ‘core group’ that is there to count on during this time (?may need to ask Brent to allow scheduling to help with this).

?One member of the residency leadership to be the ‘recruitment’ coordinator for the year? Enables some extra coordination on the interview day, post interview communication, and match list meetings with the residents/staff. I can picture an Excel spreadsheet with applicants names, key facts/info, contact resident and staff, number of times of contact, etc.

Similar thought with residents—either key ones or chiefs plus everyone at times with the same thought... Again, stress the importance of preparing for the day and making it a ‘special’ day for the applicant.

This is similar to how we do things now...

Pre-Post Interview Communication/Recruitment: Potentially a bigger area for change for us. Use the months during interview season and prior to match day to ‘recruit’ applicants. Idea: if we can give the student a great interview day, give them info on the program making it out to be the program they want to go to, and then follow up with them periodically to let them know we are interested in them and their future/education, it may help us to get some more top applicants. Our current format of contacting the students later in January may be too late in the game—they may have already made up their mind on top choices etc. This is an area that we

would have to have good coordination on to avoid 'over contacting/bugging' the applicants! Also, maybe having more frequent meetings with staff/residents to refresh minds of applicants and get more frequent feedback on the students (as opposed to our single day format currently in late Jan.)

Post Match Day Review of Process: Reassess our feedback forms for interviews, and then take that data and our success on the match to game plan for the next year of recruitment. Similar to our current format.

Discussion/Thoughts from the Group????

Felix Ankel

To: clint005@umn.edu; Brent Asplin
Cc: Mary Ann McNeil
Subject: RE: Diversity assessment and planning

Residents below

-----Original Message-----

From: Joe Clinton [mailto:clint005@umn.edu]
Sent: Friday, March 18, 2005 4:02 PM
To: Brent Asplin; Felix Ankel; Doug Brunette
Cc: Mary Ann McNeil
Subject: Diversity assessment and planning

Diversity assessment and planning is a topic for the Dean Compact. Can you give me an assessment of the gender and ethnic diversity of your resident and faculty complements?

Eg:

Male# 17

Female# 10

Underrepresented ethnic groups 0 (1 for 2005 entering class (American Indian))

Totals# 27

What are your plans to foster diversity in future recruiting? discussion at residency meeting, strategic planning meeting, working with SAEM specialty society and underrepresented minority task force to recruit more minorities into EM with booths at national snma conference

Thanks,

Joe

Video Goal

Provide applicants with a realistic 'taste' of being an Emergency Medicine Resident at Regions Hospital using a video media format, and a limited running time (approximately 7 minutes)

Key points (and therefore, the 'acts' of our presentation)

Our educational philosophy is unmatched.

Our breadth and depth of opportunity.

Our environment is designed for you to thrive.

Environment:

Joke about the Seasons

Thank you for taking a moment to review this short video presentation about the regions Hospital emergency Medicine Residency. The goal of this program is to give you a taste of the educational and living environment you can expect during a residency spent at Regions

This presentation is in three segments. The first segment is designed to convey the educational philosophy of the residency, designed.

The second segment will expose you to the breadth of opportunity that we provide our residents.

The third segment

B: We'd like to welcome you to St Paul, Minnesota and home of the Regions Hospital EM residency program

T: First, we'd like to introduce to you Dr. Felix Ankel, the director of our residency program.

F: Hi I'm Felix Ankel, I want to welcome you to the emergency medicine residency at regions hospital. The primary goal of our residency is clinical competence. We want our graduates to be able to practice anywhere in the country. A secondary goal of our residency is to develop future contributors to the specialty. A question we often get asked is, "What are you looking for in applicants". We look for people who are kind, honest and conscientious. We also look for people who take an active

involvement in their education. Finally, we look for people who are interested in developing themselves beyond just clinical shifts. That can be either in research, education, administration, and some of the subspecialty areas, such as pediatric emergency medicine, toxicology, sports medicine, EMS, or involvement in emergency medicine specialty societies. If you have any questions, feel free to contact me, and I hope you have a great day.

Regions Overview

- B: Regions Hospital is a Level I Trauma and Burn Center located here in St Paul Minn. It is a private hospital with outstanding medical and surgical care with special programs for burn, emergency and trauma, heart, women's care, cancer, and seniors' services. Established in 1872, the hospital has served St Paul for 130 years!
- T: There are more than 180 full and part-time physician staff members at Regions. Regions also has close ties with the University of Minnesota. Staff physicians are university faculty of the academic department of emergency medicine. Regions hospital is one of the major teaching facilities for residents based at the university.
- B: In addition to Emergency Medicine, other residency programs at Regions include: Family Practice, Psychiatry, Occupational Medicine and Podiatry. University of Minnesota residents rotate through in Surgery, OB/GYN, Internal Medicine, Med/Peds, Ophthalmology, Anesthesia, ENT, Hand/Plastics and Orthopedics.
- T: The diversity of patients and patient problems is an important strength of our program. Thirty percent of our patients are members of a managed care organization, but we are also the major provider of indigent care for the East Metro of the Twin Cities. We are also the only Level I Trauma Center in the East Metro area.

Emergency Center:

- B: Our Emergency Center sees more than 60,000 patient visits per year with an 18% admission rate.
- T: About 20,000 are trauma visits and with 750 trauma team activations per year. Approximately 13% of ED visits are pediatric. Regions also is a major referral center for the eastern metro area and western Wisconsin. There is double or triple faculty coverage during all day and evening shifts as well as weekend nights.

- T: We have excellent nursing staff as well as assistance from ER technicians, unit clerks and crisis social workers. Physician assistants are also present during most shifts.
- B: The emergency department itself consists of 34 treatment rooms. Seven of these are resuscitation rooms. Additionally, there are four lock-up cells for the Ramsey County Sheriff's patients. The emergency departmental office, located above the emergency department, includes resident office space, locker rooms with showers and state-of-the-art conference rooms that are used for conferences and meetings. There is a departmental library equipped with computers, emergency medicine texts and journals available for resident use. The residency provides access to online educational resources such as MDCConsult, Emergency Medicine Abstracts, Up-to-Date, and Ovid. An on-call sleep room is also provided exclusively for emergency medicine residents.

EMS

- T: Regions has a strong commitment to pre-hospital care and is involved in training and the continuing education of paramedics, EMTs and first responders.

Regions oversees medical control of 30+ EMS agencies involving urban, suburban and rural areas.

Residents do a one month rotation in their second year where they become involved in all aspects of pre-hospital care - from air services to ground transports. Flying is optional.

Affiliations:

- B: Although the majority of the rotations are done at Regions Hospital, several are done at other sites. Residents do three one-month rotations at twin cities area Children's Hospital emergency departments under the supervision of pediatric emergency physicians. One month is also spent at North Memorial's emergency department - This is a 379 bed community hospital and busy regional trauma center staffed with board certified and trained emergency medicine physicians.

ED Staff:

- B: Dr Brent Asplin is the head of the emergency department. He is a prominent health policy research and a member of the Annals of Emergency Medicine editorial board.

- T: Dr Ankel, whom you met earlier, is our Residency Director. He's a recipient of the Instructor of the Year award from the Council of Residency Directors.
- B: Dr Gunnarson is assistant residency director, and coordinates the residency curriculum.
- T: Dr Robert Knopp, is assistant residency director and was instrumental in founding this residency and making it what is today.
- B: Dr Mary Carr is assistant residency director and is the emergency department trauma director
- T: Other faculty members are very active in ACEP, SAEM and other organizations. Dr. Knopp is associate editor of Annals of Emergency Medicine. Numerous other members of our faculty have extensive research experience.

Faculty are from a variety of training locations and all with varied interests in areas such as: toxicology, trauma, research, student education, informatics, and many others. All are very involved in teaching whether in the ER or at conference. They are a major strength to this program!

Residents Pictures only

Residency Program:

- B: The primary objective of the residency is to develop highly competent EM physicians that are able to practice in any emergency department environment. The program combines clinical practice with non-clinical EM activities - such as EMS, teaching, administration, research, and subspecialty areas.
- B: First year rotations consist of 3 months in the ED, 6 weeks each of trauma surgery in the surgical ICU, medical ICU and Orthopedics. One month each of anesthesiology, pediatric emergency medicine, OB/GYN and cardiology.
- T: Second year rotations consist of 6 1/2 months in the ED, 1 month each of pediatric emergency medicine, EMS, medical ICU and North Memorial emergency department. The surgical ICU rotation is 6 weeks long.
- B: Third year rotations consist of 7 months in the ER, 1 month each of pediatric emergency medicine and toxicology. 6 weeks are spent on the trauma service. There is a 6-week elective as well. Elective options

include of plastics/hand, radiology, ENT, EMS, bum, dermatology, toxicology, international medicine, forensics and administration.

Also during the residency, certification is provided for Adult, Pediatric and Neonatal Life Support, as well as Advanced Trauma Life Support.

- T: A residency project is required during the 3 years - options are varied and include research, educational projects, EMS projects or others as pre-approved by the program. Many staff are available to aid with this decision and the project itself.
- T: ED shifts consist of 8-hour shifts - about 23 per month. This is approximately 48 hrs per/week. Call varies per rotation - with only 5 months in the first year, 3 months in the second year and 6 weeks in the 3 year.

Trauma:

- B: The ED has an average of 2 Trauma Team Activations - or TTA's per day. The team consists of a variety of personnel - but all in very defined roles. These consist of ED or surgical faculty, a team leader who directs the TTA - this rotates between an ER third year resident or a surgery resident. Other teams members are MD-1, MD-2 and airway. The airway is managed by the second year EM resident in the department that month and MD1 and 2 are either surgery or EM residents. Finally the ED third year resident performs the trauma FAST ultrasound. So, a TTA is run by a combination of both ER and Surgery residents and staff.

Procedures

- T: A procedure log is required of all residents - this is done with an easy -to-use computer program which enables you to track and monitor procedures. Our residents are above national averages in opportunities for major procedures. To augment procedural skills, an animal lab is performed each year in residency.

There is an additional annual anatomy review and procedure review at the U of M labs.

Conferences:

- B: EM conferences are held each Wed morning from 7:30 AM to 1 PM. This includes critical case conference with discussion on recent cases seen in the ER, an 18 month curriculum of staff physician lectures based on the *model practice of emergency medicine* document. There are monthly trauma, radiology, QI and journal club conference. In addition,

multidisciplinary combined conferences in Peds, OB/Gyn, Critical Care and Medicine are frequent. Conference attendance is protected time and attendance is required.

Ultrasound:

T: Training in emergency department ultrasound competency is also incorporated into the residency program. Faculty review ultrasounds done in the emergency department and ultrasounds are logged for credentialing purposes. Ultrasound is used in all TTA's and the emergency medicine resident performs this procedure.

Simulation:

B: At the HealthPartners Institute for Patient Safety, a high fidelity human simulator has been installed. While the curriculum for this simulator is being actively developed, we are excited to augment resident instruction with this exceptional tool for medical education.

Benefits:

T: ER residents receive a \$100 book allowance each year. All first year residents are given \$1000 as well as protected time off to attend the national SAEM conference during the first year. Second year residents receive \$200 to attend a local conference. Other benefits include meal cards with \$100 allowed per month, free on-campus parking, and professional organization dues. Additionally we are the arena physicians for the Xcel Energy Center, the home to the Minnesota Wild NHL Hockey team. We attend all home games to provide medical direction to the paramedical professionals who work the games.

Strengths:

B: We feel our program has many strong points, including a friendly atmosphere with staff committed to teaching both at the bedside and through excellent didactics. Our residents maintain an excellent reputation the hospital and credibility among the other departments. In addition, the wide cultural and economic variety of patients and their problems augment the education here at Regions Hospital.

Twin Cities:

T: The Twin Cities consisting of Minneapolis and Saint Paul are separated by only 10 min from downtown to downtown and comprise a metropolitan area of 2.6 million people. St Paul itself has 1 million people, serves as the Minnesota state capital and is host to many activities. Some of these

include the State Fair, Taste of Minnesota, Minnesota Wild hockey team, Saint Paul Saints minor league baseball. The Twin Cities also is popular with touring Broadway shows, theatre, museums, and concerts. Minneapolis is home to other professional sporting teams including the Vikings, Twins, and Timberwolves, Lynx. The summer is popular for boating on the many lakes nearby, golfing, and biking on the many trails. Winter brings skiing on nearby hills, or cross-country, skating and hockey. The residents participate in an annual ER open golf tournament and a corporate softball tournament and are involved in other get-togethers such as picnics, parties and triathlons. The twin cities are on the forefront of education with primary and secondary schools that consistently lead the nation, making it a great location for children, as well. For more information, please refer to our website for area links and highlights.

Conclusion:

- B: Thanks for taking a moment to learn about our program. We hope you've gained some insight about who we are and the education we provide.
- T: Feel free to refer to our web page for more information about our program and the hospital.
- B: If you have questions call or email the staff and residents - the addresses are all listed on our web page. Thank you again from the Regions EM program.